

# 2011 Primary Care Associates an affiliate of US HealthWorks

## PATIENT INFORMATION *Please Print*

Date: \_\_\_\_\_

**Patient Information:** [ ] Adult [ ] Child

First Name: \_\_\_\_\_ MI. \_\_\_\_\_ Last Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

[ ] Male [ ] Female [ ] Married [ ] Single [ ] Other Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Social Security number: \_\_\_\_\_ --- --- Drivers License number \_\_\_\_\_

**Person Responsible for Account:**  Self  Other \_\_\_\_\_ Birthdate: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Social Security number: \_\_\_\_\_ --- --- Drivers License number \_\_\_\_\_

(Circle one)

**Spouse/Parent/Guardian Name:** \_\_\_\_\_ Social Security: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

**Although we have obtained a copy of your insurance card, the information below *must* be completed**

	Primary Insurance	Secondary Insurance:
Person Policy Issued to:	_____	_____
Birth Date:	_____	_____
Employer:	_____	_____
Name of Insurance Company:	_____	_____
Group Number:	_____	_____
Policy or ID #:	_____	_____

***This information is necessary for our courtesy billing to your insurance company. We can NEVER guarantee payment by your insurance company. The insurance company's contract is with you and your employer.***

**In case of emergency notify:** \_\_\_\_\_ Phone: \_\_\_\_\_

**Nearest relative or friend not living with you:** \_\_\_\_\_ Phone: \_\_\_\_\_

**Your Signature or (Parent or Guardian) :** \_\_\_\_\_ Date: \_\_\_\_\_

**Any Subsequent Insurance Changes must be Provided Prior to Any Office Visit ~Or~ Lab Testing. Thank You!**